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General Comment

On behalf of the Office of Minority Health, Rhode Island state Health Department, I wish to comment on the 10% threshold for translation and oral interpretation of private plan materials in the internal review and appeals contexts. I am the Culturally and Linguistically Appropriate Services (CLAS) standards coordinator for the Rhode Island Office of Minority Health. The 10% standard is far too high. A more appropriate standard would be to allow regional CMS offices to coordinate with local and state offices to determine the linguistic needs of the plan's service area. Oral interpretation should be provided in all languages at all times. To provide meaningful language access is imperative for safe communication with healthcare providers and a matter of patient safety. Language disparity is one of the most prevalent disparities among our culturally and linguistically diverse patients/consumers we serve daily. Title VI and CLAS standards 4-7 are mandates that should be enforced at all health care organizations across the country. Access to health care is a human right and not being able to communicate with healthcare providers about ones health clearly impede a very basic need with dire health consequences to the linguistically diverse minority communities.